EXHIBIT X

2018 Mammoth Energy Services, Inc. Enrollment/Change Form

Employee Information

Rivera Estrada — Last Name
Jorge Luis — First Name
☐ Single ☐ Married

36A Lindsay Way — Home Address
Lindsay — City
NH — State
03045 — Zip

Enrollment Type: ☐ Open Enrollment ☐ Change/Qualifying Event ☐ New Enrollment ☐ Cancellation

Qualifying Event Date (if applicable): _____

All premiums listed below are the bi-weekly cost per coverage

Medical Plan Options - BlueCross BlueShield

Medical plan options are listed below. *Please check box indicating the plan/coverages you are electing.*

	Employee Only	Employee + Spouse	Employee + Child/ren	Family
☐ Base Plan ($1,500 Deductible)	☐ $10.31	☐ $86.89	☐ $74.25	☐ $113.61
☐ Buy Up Plan ($500 Deductible)	☐ $23.07	☐ $113.80	☐ $97.24	☐ $129.69

☐ Spousal Surcharge - Add $75 per pay period to the *Employee & Spouse* or *Family* medical cost if your spouse has access to other coverage through his or her employer.

☑ Waive Medical Coverage

Flexible Spending Account (Medical & Dependent) - UnitedHealthcare

☐ I am choosing to elect the FSA plan.

My Annual Medical FSA election amount is: $ _____ (FSA maximum annual contribution is $2,600 for Medical/Dental/Vision)

My Annual Dependent Care election amount is: $ _____ (FSA maximum annual contribution is $5,000 for Dependent Care)

Dental Plan - Guardian

Dental plan options are listed below. *Please check box indicating the plan/coverages you are electing.*

	Employee Only	Employee + Spouse	Employee + Child/ren	Family
☐ Guardian	☐ $0.53	☐ $4.15	☐ $5.03	☐ $7.02

☑ Waive Dental Coverage

Vision Plan Options - VSP

Vision plan options are listed below. *Please check box indicating the plan/coverages you are electing.*

	Employee Only	Employee + Spouse	Employee + Child/ren	Family
☐ VSP Vision	☐ $0.12	☐ $0.91	☐ $0.97	☐ $1.56

☑ Waive Vision Coverage

Life Insurance - Guardian

☒ Basic Life Insurance - 100% Employer Paid Coverage Includes 2X Annual Salary up to maximum of $500,000

Voluntary Life Insurance - Guardian (See page 11 of Benefit Guide for details and rate chart)

Employee	Spouse (Limited to 50% of Employee amount)	Child(ren) (Limited to 10% of employee amount)
☐ $25,000 Life/AD&D	☐ $12,500 Life/AD&D	☐ $2,500 Life/AD&D
☐ $50,000 Life/AD&D	☐ $25,000 Life/AD&D	☐ $5,000 Life/AD&D
☐ $75,000 Life/AD&D	☐ $37,500 Life/AD&D	☐ $7,500 Life/AD&D
☑ $100,000 Life/AD&D	☐ $50,000 Life/AD&D	☐ $10,000 Life/AD&D

MAMMOTH
ENERGY SERVICES INC.

Spousal Surcharge Affidavit

Employee Name
Jorge Luis Rivera Espinell

If your spouse is eligible for group health insurance through his or her employer, but he or she chooses to enroll in the Mammoth Energy Services, Inc.'s group health plan, an additional cost of $75 will be applied to your pay period deductions beginning January 1, 2018. You must complete this form to indicate your spouse's eligibility for participation in Mammoth Energy Services, Inc.'s health plan.

Is your spouse employed? ☐ Yes ☑ No

Is your spouse eligible for coverage through his or her employer? ☐ Yes ☑ No

Is your spouse enrolled in a health plan through his or her employer? ☐ Yes ☐ No

Spouse's Name
Madeline Crespo

Spouse's Date of Birth
14-5-67

Spouse's Social Security Number

Spouse's Employer

Spouse's Employer's HR Contact Name

HR Phone Number

I certify that the information provided above is true and correct, and I am able to provide proof of spouse's employment and/or eligibility for employer health coverage, if requested.

Employee Signature

Date
07-04-18

CORP REP 6-20-24 DEPOSITION
EXHIBIT
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